

JAN 12 1940

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

41858  
Do not use this space.

1. PLACE OF DEATH  
 (a) County St. Louis Registration District No. 3  
 (b) Township 1 Primary Registration District No. 1003  
 (c) City St. Louis (d) Street No. En route to Hospital Registered No. 10981  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
 2. PRINT FULL NAME James T. Cunningham  
 (a) Residence, No. 5742 Lisette St. 2 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hazel A.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28th, 1893

7. AGE YEARS 46 MONTHS 7 DAYS 25 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Office Manager  
 9. Industry or business in which work was done, as saw mill, bank, etc. Southern Equip. Co.  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln, Neb.

FATHER 13. NAME Not known  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER 15. MAIDEN NAME Not known  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Hazel A. Cunningham  
 (ADDRESS) 5742 Lisette

18. BURIAL, CREMATION, OR REMOVAL PLACE N. St. Marcus DATE 12/26/39

19. FUNERAL DIRECTOR (NAME) J. Bugenbeim  
 (ADDRESS) 7027 Gravois Ave.

20. FILED DEC 25 1939 J. D. Biedick  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23d, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1939 to Nov 1, 1939  
 I last saw him alive on Dec 22, 1939. Death is said to have occurred on the date stated above, at 10:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Heart Condition  
Chronic Myocarditis  
Asthma  
 Date of onset D.Y.C.  
12 yrs.

Other contributory causes of importance:  
 Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury .....  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify .....  
 (Signed) H. R. Bremser M. D.  
 (Address) 4266 Manchester Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Clarence P Kidwell  
Licensed Embalmer No. 3877  
P. O. Address 6937<sup>9</sup> Gravv

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**